Guide to Washington State
Tribal Medicaid Administrative Match
Activity Coding and Claiming Methodology

Definitions/Acronyms

"638" refers to Public Law 93-638 – Indian Self-Determination and Education Assistance Act, which provides the basic federal funding for Tribal health activities.

"A-19 Invoice Voucher" is the billing documentation form to claim MAM reimbursement.

"Coordinator" means a tribal staff appointed as the liaison between the tribe and DSHS to ensure compliance with the CAP.

"Cost Allocation Plan (CAP)" refers to the plan developed by DSHS through tribal consultations and approved by CMS to describe the procedures for claiming Tribal MAM costs.

"**Community Service Office (CSO)**" is the DSHS office where applications for Medicaid eligibility are processed.

"**DSHS**" or "**the department**" or "**the Department**" means the state of Washington Department of Social and Health Services, its employees and authorized agents.

"**EPSDT – Early Periodic Screening and Diagnostic Treatment**" is the comprehensive physical examination "well-child check-up" available to all Medicaid children.

"**Federal Financial Participation (FFP)**" is the portion of the total allowable costs of providing services that will be matched by federal reimbursement.

"**Free care**" means services for which there is no beneficiary liability and for which there is no Medicaid liability.

"**Health and Recovery Services Administration (HRSA)**" formerly known as Medical Assistance Administration (MAA) is the DSHS administration that oversees and manages all of the medical services provided to Medicaid eligible clients.

"**Indirect Costs**" means operating expenses attributed to and allocated across more than one program. A Tribe's federally allowable Indirect Cost Rate is re-negotiated annually with the Department of the Interior or the Department of Health & Human Services.

"Medicaid Administrative Match (MAM)" is a federal reimbursement program for costs of "administrative activities" that directly support efforts to identify, and/or enroll children/individuals in the Medicaid program or to assist those already enrolled to access benefits.

"Medicaid" is a joint federal-state program for covered medical services and for costs of administration of related activities.

"**Medicaid Eligibility Rate (MER**)" is the proportional share of Medicaid individuals to the total number of individuals in the target population.

 "**Resource and Patient Management System (RPMS)**" refers to the patient database of Indian Health Services.

 "**Subcontract**" means any separate agreement or contract between the Contractor and an individual or entity (Subcontractor) to perform all or a portion of the duties and obligations that the Contractor is obligated to perform pursuant to this Agreement.

 "**The Guide**" refers to the Medicaid School-Based Administrative Claiming Guide issued May 2003, produced by CMS, and any supplements, amendments or successor. This guide is the basis for ALL administrative match programs – School-based; Local health Jurisdictions; and Tribal.

"**Time Study Activities**" refers to activities outlined in the Tribal CAP and captured through the time study by use of defined codes.

 "**WAMedWeb**" is the Washington State Medicaid website where contractors can verify an individual's Medicaid eligibility status.

WASHINGTON STATE
TRIBAL MAM CLAIMING METHODOLOGY

SPECIAL NOTE: *For all of the activity codes and examples listed in this guide, if an activity is provided as part of, or an extension of, a direct medical or Medicaid covered health service; it may not be claimed as Medicaid administration. Any staff activity involved directly in providing medical Medicaid covered health services should be assigned to Code 4. Direct Medical and Medicaid Covered Services.*

Application of the Federal Financial Participation (FFP) Rate

50 percent: Refers to an activity that is allowable as administration under the Medicaid program and claimable for reimbursement at the 50 percent FFP

Unallowable Activities

(U) Unallowable: Refers to an activity that is not allowable as administration under the Medicaid program. This is regardless of whether or not the population served includes Medicaid eligible individuals.

Application of Medicaid Share

(TM) Total Medicaid: Refers to an activity that is 100 percent allowable as administration under the Medicaid program.

(PM) Proportional Medicaid Share: Refers to an activity that is allowable as administration under the Medicaid program, but for which the allocable share of costs must be determined by the application of the proportional Medicaid share, otherwise known as the Medicaid Eligibility Rate (MER). The Medicaid share is determined as the ratio of Medicaid enrolled individuals served to total individuals served.

Reallocated Activities

(R) Reallocated Activities: Refers to those general administrative activities performed by time study participants which must be reallocated across the other activity codes based on the percentage of all other time spent on allowable/unallowable administrative activities. FFP is provided at 50% of the reallocated Medicaid share.

Tribal MAM Activity Codes

ACTIVITY CODE	DESCRIPTION
CODE 1a (U)	Non-Medicaid Outreach
CODE 1b (TM)	Medicaid Outreach
CODE 2a (U)	Facilitating Application for Non-Medicaid Programs
CODE 2b (TM)	Facilitating Medicaid Eligibility Determination
CODE 3 (U)	Activities not Related to Medicaid Covered or Direct Medical Services
CODE 4 (U)	Direct Medical and/or Medicaid Covered Services
CODE 5a (U)	Arranging Transportation for Non-Medicaid Services
CODE 5b (PM)	Arranging Transportation in Support of Medicaid Covered Services
CODE 6a (U)	Non-Medicaid Translation
CODE 6b (PM)	Translation Related to Medicaid Covered Services
CODE 7a (U)	Program Planning, Policy Development, and Interagency Coordination Related to Non-Medicaid Services
CODE 7b (PM)	Program Planning, Policy Development, and Interagency Coordination Related to Medicaid Covered Services
CODE 8a (U)	Non-Medicaid Related Training
CODE 8b (PM)	Training Related to Medicaid administrative activities and/or Access to Medicaid Covered Services
CODE 9a (U)	Referral, Coordination, and Monitoring of Non-Medicaid Covered Services
CODE 9b (PM)	Referral, Coordination, and Monitoring of Medicaid Covered Services
CODE 10 (R)	General Administration

Activity Coding Described

CODE 1.a.   NON-MEDICAID OUTREACH - U

All tribal staff should use this code when performing activities that inform individuals about their eligibility for non-Medicaid medical, social, vocational and educational programs and how to access them; describing the range of benefits covered under these programs and how to obtain them. Both written and oral methods may be used. Include related paperwork, clerical activities or staff travel required to perform these activities.

1. Informing families about non-Medicaid wellness programs and how to access these programs.
2. Scheduling and promoting activities that educate individuals about the benefits of healthy life-styles and practices.
3. Conducting general health education programs or campaigns that address life-style changes in the general population (e.g., dental prevention, anti-smoking, alcohol reduction, etc.).

CODE 1.b.   MEDICAID OUTREACH – TM/50 Percent FFP

Tribal staff should use this code when performing activities that inform eligible or potentially eligible individuals about Medicaid and how to access the program. Such activities include bringing potential eligibles into the Medicaid system for the purpose of the eligibility process.

The following are examples of activities that are considered Medicaid outreach:

1. Informing Medicaid eligible and potentially Medicaid eligible children and families about the benefits and availability of services provided by Medicaid.
2. Distributing literature about the benefits, eligibility requirements, and availability of the Medicaid program.
3. Contacting pregnant and parenting teenagers about the availability of Medicaid prenatal, and well baby care programs and services.

CODE 2.a.   FACILITATING APPLICATION FOR NON-MEDICAID PROGRAMS – U

This code should be used by tribal staff when assisting an individual in applying for programs such as Food Stamps, Women, Infants, and Children (WIC), day care, legal aid, and other social or educational programs and referring them to the appropriate agency to make application. Below are some examples of activities:

1. Explaining the eligibility process for non-Medicaid programs.

2. Assisting the individual or family collect/gather information and documents for a non-Medicaid program application.
3. Assisting the individual or family in completing the application, including necessary translation activities.

CODE 2.b.   FACILITATING MEDICAID ELIGIBILITY DETERMINATION – TM/50 Percent FFP

Tribal staff should use this code when assisting an individual in the Medicaid eligibility process. Include related paperwork, clerical activities, or staff travel required to perform these activities. This activity does not include the actual determination of Medicaid eligibility, which is not done by Tribal staff. Examples of activities are:

1. Explaining Medicaid eligibility rules and the Medicaid eligibility process to prospective applicants.
2. Assisting individuals or families to complete a Medicaid eligibility application such as the Medicaid portion of a Tribal TANF application.
3. Referring an individual or family to the local Community Service Office to make application for Medicaid benefits.

CODE 3.   ACTIVITIES NOT RELATED TO MEDICAID-COVERED OR DIRECT MEDICAL SERVICES – U

This code should be used for activities paid by the tribe that are not medical or Medicaid-related, including social services, educational services, teaching services, employment and job training, and other activities. These activities may include related paperwork, clerical activities, or staff travel required to perform these activities.

Tribal services not related to Medicaid or to direct medical services can be reported in two ways: (1) As a separate non-Medicaid code (Code 3) or (2) as an example within one or more non-Medicaid activity codes.

CODE 4.   DIRECT MEDICAL AND/OR MEDICAID-COVERED SERVICES - U

This code is used when the activity is providing direct care, medical/dental treatment, and/or clinical counseling services to an individual, included but not limited to:

1. Providing medical/dental/mental health/chemical dependency counseling treatment services.
2. Conducting medical/dental/mental health/chemical dependency assessments/evaluations and diagnostic testing and preparing related reports.

3. Developing a treatment plan *(medical plan of care)* for a patient if provided as part of a Medicaid-covered service.

Such activities may be billed directly to the appropriate payer of the service.

CODE 5.a.   ARRANGING TRANSPORTATION FOR NON-MEDICAID SERVICES – U

Tribal employees should use this code when assisting an individual in obtaining transportation to social, vocational, and/or educational programs and to medical services not covered by Medicaid. Include related paperwork, clerical activities or staff travel required to perform these activities.

CODE 5.b.   ARRANGING TRANSPORTATION IN SUPPORT OF MEDICAID COVERED SERVICES – PM/50 Percent FFP

Tribal employees should use this code when assisting an individual in obtaining transportation to services covered by Medicaid. This does not include the provision of the actual transportation service or the direct costs of the transportation *(bus fare, taxi fare, etc.)*, but rather the administrative activities involved in providing transportation. Include related paperwork, clerical activities or staff travel required to perform these activities. (See the Cost Allocation Plan for a more detailed description of this activity, especially if your tribe contracts with a Medicaid Transportation Broker).

CODE 6.a.   NON-MEDICAID TRANSLATION - U

Tribal employees who provide translation services for non-Medicaid activities should use this code. Include related paperwork, clerical activities or staff travel required to perform these activities. Non-Medicaid translation can be reported in two ways: As a separate non-Medicaid code (Code 6a.) or as an example within one or more non-Medicaid activity codes.

1. Arranging for or providing translation services *(oral or signing services)* that assist the individual to access and understand social, educational, and vocational services.
2. Developing translation materials that assist individuals to access and understand social, educational, and vocational services.

CODE 6.b.   TRANSLATION RELATED TO MEDICAID COVERED SERVICES – PM/50 Percent FFP

Translation may be allowable as an administrative activity, including translation in a direct service context, if it is not included and paid for as part of a medical assistance

service. However, translation must be provided either by separate units or separate employees performing solely translation functions, and it must facilitate access to Medicaid covered services.

Tribal employees who provide such Medicaid translation services should use this code. Include related paperwork, clerical activities or staff travel required to perform these activities. Examples of activities include:

1. Arranging for or providing translation services *(oral and signing)* that assist the individual to access and understand necessary care or treatment covered by Medicaid.
2. Developing translation materials that assist individuals to access and understand necessary care or treatment covered by Medicaid.

CODE 7.a. PROGRAM PLANNING, POLICY DEVELOPMENT, AND/OR INTERAGENCY COORDINATION RELATED TO NON-MEDICAID SERVICES - U

Tribal staff should use this code when performing activities associated with developing strategies to improve the coordination and delivery of non-Medicaid services to patients/tribal members. Non-Medicaid services may include social services, educational services, and vocational services.

Only employees whose position descriptions include program planning, policy development and interagency coordination may use this code. Include related paperwork, clerical activities or staff travel required to perform these activities.

1. Identifying gaps or duplication of non-Medicaid services *(e.g., social, vocational educational and state mandated general health care programs)* available to patients/tribal members and developing strategies to improve the delivery and coordination of these services.
2. Evaluating the need for non-Medicaid services in relation to specific populations or geographic areas.
3. Working with other agencies providing non-Medicaid services to improve the coordination and delivery of services and to improve collaboration around the early identification of problems not covered by Medicaid.

CODE 7.b. PROGRAM PLANNING, POLICY DEVELOPMENT, AND INTERAGENCY COORDINATION RELATED TO MEDICAID-COVERED SERVICES – PM/50 Percent FFP

This code should be used by tribal staff when performing activities associated with the development of strategies to improve the coordination and delivery of Medicaid-related medical/dental/mental health/chemical dependency counseling services, and when performing collaborative activities with other agencies and/or providers.

Tribal managers need to be sure that "Participation in program planning and interagency coordination" is included in the job description of anyone who will be claiming any MAM time for this activity. Employees whose position descriptions include program planning, policy development and interagency coordination may use this code.

This code refers to activities such as planning and developing procedures to track requests for services; while the actual tracking of requests for Medicaid services would be coded under Code 9b. Include related paperwork, clerical activities or staff travel required to perform these activities.

1. Identifying gaps or duplication of medical/dental/mental health/chemical dependency counseling services provided to patients/tribal members and developing strategies to improve the delivery and coordination of these services.
2. Evaluating the need for medical/dental/mental health/chemical dependency counseling services in relation to specific populations or geographic areas.
3. Working with other agencies and/or providers that provide medical/dental/mental health/chemical dependency counseling services, to improve the coordination and delivery of services, to expand access to specific populations of Medicaid eligibles, and to increase provider participation and improve provider relations.

CODE 8.a.   NON-MEDICAID RELATED TRAINING-U

Tribal staff should use this code when participating in training activities for outreach staff regarding the benefit of programs other than the Medicaid program. Include related paperwork, clerical activities, or staff travel required to perform these activities.

1. Participating in training that improves the delivery of healthcare programs other than those covered by Medicaid.
2. Continuing education.
3. Participating in training that enhances IDEA child find programs, self-help sobriety groups, WIC, exercise workouts, healthy cooking. parenting classes, etc.

CODE 8.b.   TRAINING RELATED TO MEDICAID ADMINISTRATIVE ACTIVITIES AND/OR ACCESS TO MEDICAID-COVERED SERVICES-PM/50 Percent FFP

This code may be used when training activities benefit the Medicaid-eligible population. Tribal staff should use this code when coordinating, conducting, or participating in training activities designed to improve access to Medicaid covered services via enhanced referrals and assistance. Include related paperwork, clerical activities, or staff travel required to perform these activities. Note, training that enhances the

education/professional knowledge/skills needed in actually providing direct medical and/or Medicaid-covered services should be treated as Code 4, Direct Medical and/or Medicaid Covered Services

1. Participating in or coordinating training that improves Medicaid outreach.
2. Participating in or coordinating training for the provision of assistance with Medicaid application and eligibility determination.
3. Training having to do specifically with Medicaid programs or eligibility (e.g., Healthy Options, First Steps), including administrative requirements related to Medicaid programs (e.g., Medicaid managed care, Targeted Case Management, EPSDT, etc.).

CODE 9.a.   REFERRAL, COORDINATION, AND MONITORING OF NON-MEDICAID SERVICES - U

Tribal staff should use this code when making referrals for, coordinating, and/or monitoring the delivery of services not covered by Medicaid. Include related paperwork, clerical activities or staff travel required to perform these activities.

1. Making referrals for and coordinating access to social and educational services such as child care, employment, job training, and housing.
2. Making referrals for, coordinating, and monitoring the delivery of scholastic, vocational, and other non-health related examinations.
3. Participating in a meeting/discussion to coordinate or review a patient/tribal member's need for non-health related services not covered by Medicaid.
4. Making referrals for and coordinating access to medical and other healthcare services not covered by Medicaid (e.g., flu shots, exercise programs, WIC, childbirth and parenting classes, etc.).

Case Management: Note that case management as an administrative activity involves the facilitation of access and coordination of program services. Such activities may be provided under the term Case Management or may also be referred to as Referral, Coordination, and Monitoring of non-Medicaid Services. Case management may also be provided as an integral part of the service and in that case would be included in the service cost. Tribal staff should use this code when making referrals for, coordinating, and/or monitoring the delivery of non-Medicaid covered services.

CODE 9.b.   REFERRAL, COORDINATION, AND MONITORING OF MEDICAID COVERED SERVICES – PM/50 Percent FFP

This code should be used when making referrals for, coordinating, and/or monitoring the delivery of Medicaid covered services when the activity is not integral to or an extension of a Medicaid-covered service. This may include, but is not limited to the following activities. Include related paperwork, clerical activities or staff travel required to perform these activities.

1. Identifying and referring patients/tribal members who may be in need of Medicaid family planning services.
2. Referring patients/tribal members for necessary medical, dental, mental health, or substance abuse services covered by Medicaid.
3. Arranging for any Medicaid covered medical/dental/mental health/chemical dependency diagnostic or treatment services that may be required as the result of a specifically identified medical/dental/mental health/chemical dependency condition.

Case Management: Note that case management as a Medicaid administrative activity involves the facilitation of access and coordination of services that are covered under the Medicaid program. Such activities may be provided under the term Administrative Case Management or may also be referred to as Referral, Coordination, and Monitoring of Medicaid Services. Depending on the setting and staffing, case management may also be provided as an integral part of a medical service and as such would be included in the service cost. The state may also cover targeted case management as an optional service under Medicaid. In that case, the activities are not claimable for MAM.

CODE 10   GENERAL ADMINISTRATION - R

This code should be used by time study participants when performing administrative activities that are not directly assignable to program activities. Include related paperwork, clerical activities, or staff travel required to perform these General Administration activities.

Note that certain tribal administrative functions that are included in the Tribe's indirect costs (such as accounting, payroll, executive direction, etc.), are only allowable through the application of the Tribe's approved indirect cost rate. Below are typical examples of general administrative activities, but they are not all inclusive.

1. Taking lunch, breaks, leave, or other paid time not at work.
2. Establishing goals and objectives of health-related programs as part of the tribal annual or multi-year plan.
3. Attending or facilitating staff meetings, training, board meetings, or tribal council.
4. Performing managerial, administrative or clerical activities related to implementation of the Tribe's MAM contract, including conducting the MAM time study, compilation of time study results, preparation of the billing statement, and coordinating with the state Medicaid agency with specific reference to Tribal MAM.
5. Providing or participating in training on claiming Medicaid administrative match reimbursement, including time study requirements and coding.

Determining the Medicaid Eligibility Rate (MER)

To bill for Medicaid Administrative Match (MAM), you must calculate the MER for the total population served each billing quarter.

> The MER Formula calculation is:

Number of Unduplicated Medicaid Eligible Individuals Served ***DIVIDED BY:***
  Total Number of Unduplicated Individuals Served = ***Equals the MER***

How do you know if the individual being served is Medicaid eligible?

> The Medical ID Card includes a Medicaid Group Code *(The Group Code will always be a letter followed by 2 numbers).*

> Only the following Medicaid Group Codes are **NOT ELIGIBLE** to be counted in the MER formula**.**

F07	S-CHIP
F08	CHP
G01 (without CNP) (19)	GAU
W01	ADATSA
W02	ADATSA
M99	PII
SO6	

> Other sources of Medicaid eligibility verifications include:

1. WAMedWeb at https://wamedweb.acs-inc.com/wa/general/home.do
2. Medicaid Eligibility Verification (MEV) vendors such as:
   - Envoy; MediFax; Provider Advantage; Healthcare Data Exchange (HDX); MedE America; National Data Corporation (NDC)

Document the Medicaid eligibility verification:

> Keep a copy of the printed verification
  1. Medical ID card,
  2. WAMedWeb, or
  3. MEV printed information

> As a minimum include
  1. individual's name,
  2. group code and
  3. date(s) of eligibility